FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: _____LOUISIANA_____
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

_____
(Signature of Agency Head)

SCHIP Program Name (s): _____LaCHIP_____

SCHIP Program Type __X__ Medicaid SCHIP Expansion Only
_____Separate SCHIP Program Only
_____Combination of the above

Reporting Period: **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter ?NC? for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility: **Implemented Phase II, which covers children up to 150% of FPL. (Medicaid SCHIP expansion)**

2. Enrollment process: NC

3. Presumptive eligibility NC

4. Continuous eligibility NC

5. Outreach/marketing campaigns NC

6. Eligibility determination process: **July 1, 2000 initiated the concept of self- declaration which relaxed verification requirements unless questionable in the areas of citizenship, age, household composition and residence. Also reduced income verification requirements from 60 days to 30 days.**

7. Eligibility redetermination process **Same as above for eligibility determination**

8. Benefit structure NC

9. Cost-sharing policies NC

10. Crowd-out policies NC

11. Delivery system NC

12. Coordination with other programs (especially private insurance and Medicaid) NC

13. Screen and enroll process NC

14. Application:

15. Other

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

During the previous reporting period, there were approximately 224,600 uninsured children in Louisiana. This baseline has been modified to conform to Departmental performance indicators which utilized a total base of Medicaid and LaCHIP eligible children prior to implementation of LaCHIP as it estimated more children eligible under Medicaid than LaCHIP. A baseline of of 474,875 children was established of whom 315,271 were already Medicaid eligible as of July 31, 1998. Thus, a target population of 159,604 uninsured children was established for outreach for Medicaid and LaCHIP. These numbers were based on a three year merged data set of CPS for 1995, 1996 and 1997. As of November 30, 2000, 91,020 previously uninsured Louisiana children were enrolled in no-cost, comprehensive health coverage (Medicaid or LaCHIP) due to LaCHIP outreach. Currently, it is estimated there remain approximately 68,584 uninsured children in Louisiana. Thus the state has reduced the number of uncovered, low-income children by 43% and is currently covering 86% of the children potentially eligible for LaCHIP or Medicaid.

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information**.**

According to our HCFA 64-21E, there were 50,995 unduplicated number of LaCHIP children ever enrolled in the FFY00. Further, according to our HCFA 64-EC, there were 450,806 unduplicated number of children ever enrolled in FFY00 for the Medical Assistance program. In September 99, we reported 21,519 as the number of children ever enrolled in LaCHIP. Thus there were an increase of 29,476 children ever enrolled in LaCHIP.

3. Please present any other evidence of progress toward reducing the number of uninsured low-income children in your State. **N/A**

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

___ No, skip to 1.3

__X__ Yes, what is the new baseline?

See Item Number 1 above.

What are the data source(s) and methodology used to make this estimate?

CPS data, three merged data set for 1995, 1996 and 1997 as well as Medicaid enrollment files.

What was the justification for adopting a different methodology?

To conform to legislatively mandated performance indicators and to reflect large percentage of population eligible under under existing Medicaid guidelines.

What is the state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Given the large numbers of uninsured children in families below 200% FPL that were eligible for Medicaid under existing guidelines, it was determined that this was a more reliable estimate of progress than just the LaCHIP children. It utilized census data and thus has the same problems with estimating family composition, income and size inherent in this data which does not translate exactly to Medicaid eligibility guidelines. However, short of a state-specific survey of the uninsured, it is considered the most reliable estimate.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

This is the original baseline established by the state and does not change outcomes in regard to progress on reducing the number of low-income uninsured children in Louisiana.

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1:	List your State strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2:	List the performance goals for each strategic objective.
Column 3:	For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter NC (for no*

change) in column 3.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Objective I: Through an outreach effort to begin 11/98, to identify 72,512 uninsured children eligible for Medicaid coverage under Title XIX or Title XXI by 10/31/99 & an additional 10,725 by 9/30/00; and thereby reduce the proportion of uninsured children in Louisiana	Goal I.1: Outreach and market to families of uninsured children eligible under either Medicaid provisions in effect prior to 4/1/97 or LaCHIP- Phase I (< 133% FPL)	Data Sources: 1) # of LaCHIP applications distributed and those returned for processing by 10/31/99. 2) # of calls to the toll-free LaCHIP Helpline by 10/31/00 Progress Summary: (1) **1,200,000 LaCHIP applications were distributed from 10/99 to 10/00. The number of applications returned for processing during this period was 27,718.** **(2) Approximately 35,116 calls were made to the toll-free LaCHIP Helpline for the period specified. Goals were met.**
	Goal I.2: Outreach and market to the families of uninsured children covered by LaCHIP Phase II (>133% FPL but <150% FPL) Goal I.3: Conduct a	Data Sources: Same as above. Progress Summary: **Goals were met.**

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
	minimum of 5 specific outreach initiatives in the first year of LaCHIP	3) # of targeted public information campaigns for LaCHIP eligibles 4) # of targeted public information campaigns for un-enrolled Medicaid eligibles (non-LaCHIP) Methodology: N/A Numerator: N/A Denominator: N/A Progress Summary: Goals were met.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Objective II: To determine eligibility and, by 7/1/00, enroll 75% of all eligible children as Medicaid recipients under either Title XIX or Title XXI Medicaid expansion	Goal II.1: Outreach and determine eligibility for 75% of all uninsured children potentially eligible for Medicaid or Title XXI Medicaid expansion	Data Sources: 1) Percentage of uninsured children enrolled in Title XIX and Title XXI Medicaid expansion (71.6% by 10/31/99 & 75% by 9/30/00). 2) # of children enrolled as Title XIX (29,412) and Title XXI LaCHIP Phase I Medicaid expansion (28,350) eligibles by 10/31/99.3) # of children enrolled as Title XIX 44,162) & Title XXI LaCHIP (Phases I & II) Medicaid expansion (39,075) eligibles by 9/30/00. 4) Average processing time. 5) % of applications approved. 6) Increase in percentage of Medicaid-eligible children enrolled. 7) Reduction in percentage of uninsured children. Methodology: By using census data and Medicaid enrollment data, Louisiana determined that there w approximately 159,604 uninsured children. Our goal was to enroll 75% or 57,762 of the uninsured chil Numerator: 57,772 Denominator: 57,762 Progress Summary: **Goals were met**.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Objective IV: To establish "health homes" for children under the Medicaid/ LaCHIP programs	Goal IV.1: To recruit and orient physicians for participation as primary care physicians in managed care programs such as Community CARE, Enhanced Community CARE, and Louisiana Health Access (HMO pilot) programs	Data Sources: 1) # and % of Medicaid primary care physicians participating in "health home" programs such as Community CARE, Enhanced Community CARE, and Louisiana Health Access s (HMO pilot) programs 2) # and % of Medicaid children enrolled in Community CARE, Enhanced Community CARE, and Louisiana Health Access (HMO pilot) programs, thereby having a usual source of care available to them. Methodology: To compile, divide the numerator by the denominator. Numerator: Total number of Medicaid providers in Community Care. Total number of children in Community Care. Denominator: Total number of Medicaid providers. Total number of children enrolled in Medicaid. Progress Summary: There are 2,387 Medicaid primary care physicians as compared to 3,616 last year. There are 226 Medicaid primary care physicians participating in the Community Care program, which is slightly lower than last year reporting period of 238. Also the primary care physicians is about 9.5 percent of the total Medicaid primary care physicians, as compared to 6.6% in last reporting period. In addition, there are 501,801 Medicaid children as compared to 375,636 during last reporting period. There are 47,884 Medicaid children enrolled in Community Care which represents 9.5%. The total last year was 49,956 and 7.5%.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Objective III: To improve access to medical care in the most appropriate setting for children	Goal III.1: To reduce inappropriate access to health care for children via emergency room visits for treatment of non-emergent conditions	**Data Source**: Frequency of top 10 non-emergent conditions seen in emergency rooms and billed to Medicaid as compared to a baseline **Methodology**: The frequencies of services for each diagnosis code are sorted in descending order and the top ten selected for the time period November 1, 1998-October 31, 1999. Comparison is made to CHAMP and ALL OTHER Title 19 Medicaid for the same time period. **Numerator:** The frequency of services for all diagnosis codes in the Emergency Room (CPT code 99281-99288 or Revenue Code 450, 451, 452,456, 450, or 981) for LaCHIP children ages 6-18 in the above time period sorted in descending order by service volume. **Denominator:** N/A **Progress Summary**: Our data indicates that the top ten conditions seen in the emergency room for LaCHIP children (1) acute pharyngitis (2) acute urinary not otherwise specified, (3) otitis media not otherwise specified, (4) unspecified viral infection, (5) asthma w/o status asthma, (6) sprain of ankle not otherwise specified, (7) pyrexia unknown origin, (8) abdominal pain unspecified site and (9) noninfectious gastroenteritis not elsewhere classified. These emergency room top ten diagnoses were similar among the three group with the exception of sprain ankle nos and abdominal pain unspecified site for LaCHIP, contusion face/scalp/neck and acute tonsillitis for CHAMP and vomiting alone and bronchitis nos for ALL OTHER Medicaid. It should be noted that these diagnoses are similar to those identified during prior reporting period with the exception of headache and acute upper respiratory infection (unspecified site). Louisiana was unable to compare the results with the National Hospital Ambulatory Medical Care Survey Statistics for southern children under 18. Further, Louisiana was unable to expand its analysis to include the identification of the percent of children having emergency room visits who followed with an outpatient provider visit within a few weeks of the emergency room visit, and to monitor differential use of prevention services by the children having emergency room visits. This is largely due to the cancellation of our subcontract for a decision support system with MEDSTAT, which provided last year's data. However, Louisiana plans to conduct this analysis during reporting period FFY 2001.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Objective V: Increase access to preventive care for LaCHIP enrolled children	Goal V.1: Achieve immunization levels for children enrolled in LaCHIP equal to those for an age-comparable group(s) of children enrolled in non-expansion Medicaid	**Data Sources**: Percent of non-expansion Medicaid children versus LaCHIP Medicaid children, for specified age groups, receiving all recommended immunizations **Methodology:** Each age subgroup numerator is divided by the denominator and multiplied by 1000 to obtain the rate. Comparison is made to CHAMP and to ALL OTHER Title 19 same age group for all immunizations. **Numerator:** The count of children in the denominator in each month summed for the same 12 months as the denominator for subgroups of the same age ranges: Ages 6-8, Ages 9-11, Ages 12-14, and Ages 15-18 with at least one of the CPT codes for Diphtheria, Tetanus, Pertussis, Mumps, Rubella, Hepatitis B, Varicella, and Polio. **Denominator**: The measure is broken into four age categories for each immunization type: The sum of member months in each month from November 1, 1998 through October 31, 1999 for children in four submeasure age groups: Ages 6-8, Ages 9-11, Ages 12-14 and Ages 15-18. Progress Summary: Our data indicated that average immunization rates for LaCHIP is 55.6, for CHAMP is 43.9 and for Other Medicaid is 99.7. Highest Immunization rates were for DTP. The highest rates for immunization was in the age group of 0-2 which would be expected. Further, the largest immunization rate differences among the groups were for the varicella vaccine (LaCHIP 44.91, Champ 38.64, Other Medicaid 143.52). Compared to last year reporting period, highest Immunization rates were for the Hepatitis B vaccine, but the largest Immunization rate differences among the groups were for the polio vaccine. Louisiana plans to continue to track these findings over time.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OTHER OBJECTIVES Objective VI: Improve management of chronic health conditions among LaCHIP enrolled children	Goal VI.1: Decrease instances of hospital-based crisis care for asthma among LaCHIP enrolled children through dissemination of effective patient education and disease management strategies to physicians	Data Sources: 1) # of emergency room visits for asthma 2) # of inpatient admissions for asthma Methodology: To compile, divide the numerator by the denominator and multiply by 1000 to obtain the rate of admits per 1000 member months. To compile average length of stay, sum the total days and divide by the total number of admissions during the time period. Comparisons to CHAMP and to Title 19 Medicaid. Numerator**:** The count of admissions with ICD-9 diagnosis of 493 for LaCHIP children ages 6-18 during the same period as the denominator. Denominator**:** The count of member identifiers in a month summed for 12 months (11/198-10/31/99 for LaCHIP children ages 6-18. Progress Summary: Our data indicated that asthma admissions were less for LaCHIP 0.29, compared to 0.39 for CHAMP and .68 for ALL OTHER Medicaid. However, In all cases there was an increase over last year findings (LaCHIP 0.23, Champ 0.30 and ALL OTHER Medicaid 0.68). Also length of stay was less for the LaCHIP children (2.34), CHAMP (2.50), and Other Medicaid (2.76), implying perhaps lower intensity of services due to better management of the condition. However, compared to last year, all categories decreased (2.52 LaCHIP, 2.70 CHAMP, and 3.02 ALL OTHER Medicaid.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program performance. Please list attachments here.
See Section 2.8 regarding recipient satisfaction survey.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: N/A

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?
Number of adults_____
Number of children_____

3. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: N/A

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?
Number of adults_____
Number of children_____

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?
Crowd-out is defined as the substitution of Medicaid for private coverage previously maintained and voluntarily terminated.

2. How do you monitor and measure whether crowd-out is occurring?
Louisiana has implemented a special rejection code to monitor and measure whether crowd-out is occurring.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.
Our data indicate that from 5/00 to 10/00, there were 227 cases subject to the three-month waiting period which were initially denied because health insurance coverage had been terminated without good cause.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.
Only a minimal number of applications were rejected for health coverage or not having waited the three months waiting period after voluntarily terminating coverage so while it seemed to be effective in discouraging substitution of public coverage for private coverage, it probably was not necessary. Louisiana has since been advised that this should not apply to current income levels and has discontinued this provision.

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?
Outreach activities include sending applications home with school-aged children at the beginning of the school year, expanding telephone coverage to include phone coverage on the weekend and extended hours Monday-Friday, and providing resource materials obtained from the Covering Kids initiative- funded by Robert Wood Johnson Foundation (Insure Kids Now) and the Children's Defense Fund to the Regional Outreach Coordinators. This yielded approximately 12,108 phone calls during the period of expanded phone coverage. Further, Covering Kids distributed 842,000 flyers promoting LaCHIP to every school child in Louisiana. These targeted, colorful flyers were sent home through the collaborative efforts of the Department of Education, local Child Nutrition Program Offices, and the Sate Medicaid Outreach Coordinator. Due to this substantial promotion, 16,190 additional children were enrolled in September and October. To judge the size of this response, LaCHIP hotline calls increased over 700% from July to August. In just six weeks 40% of the LaCHIP Phase II enrollment goal was met. Louisiana has not implemented a method to determine which method is most effective. However, procedures were put in place to standardize the reporting of outreach activities. Findings will be included in the next reporting period.

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?
Louisiana has not implemented specific outreach activities to target specific populations such as minorities, immigrants, and children living in rural areas, but achievement of enrollment goals indicates that outreach has successfully reached these populations.

3. Which methods best reached which populations? How have you measured effectiveness?
Louisiana has not measured the effectiveness of various outreach methods in relation to various populations, but coordination with schools has definitely proven successful as has involvement of regional eligibility staff with community organizations/events.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?
Louisiana has redesigned the notices to recipients and the reports/tracking system to indicate when recipients are due for redetermination.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

__**X**__ Follow-up by caseworkers/outreach workers
__**X**__ Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population _____
____ Information campaigns
__**X**__ Simplification of re-enrollment process, please describe. **Initiated the concept of self-declaration which relaxed verification requirements unless questionable in the areas of citizenship, age, household composition and residence. Also reduced income verification requirements from 60 days to 30 days.**

_____ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe_____
__**X**__ Other, please explain__**Telephone contact prior to redetermination.**_____

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.
Yes.

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

Louisiana has not conducted an evaluation but is beginning to work in this area.

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.
Louisiana has not conducted such a study as sufficient time has not transpired since initiating retention efforts. This will be looked at further in the future.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes. The general Medicaid application form is currently being revised and simplified to be similar to the LaCHIP application. The same simplified LaCHIP form was already being used for poverty-related children.

2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.
   Type Case is changed on the computer to indicate SCHIP although both are Medicaid as SCHIP is a Medicaid expansion.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Yes**. (Medicaid SCHIP expansion)

2.7 Cost Sharing: N/A

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.
   The Department's Quality Management and Program Evaluation Section conducted a LaCHIP Consumer Survey in which 1,900 surveys were mailed out to LaCHIP recipients with 547 surveys being returned. This represented a 29% return rate. It should be noted that only 380 needed to be returned for the sample. Findings are based on 547 surveys. Further, 65 surveys were undelivered and five surveys were not used due to the tracking number being cut off of the survey. In relation to the questions concerning the quality of care received by LaCHIP enrollees, the following responses are noted:

   - **68.4% recipients reported that it takes 1-3 working days to get an appointment for their children with the regular doctor.**
   - **47.7% recipients reported that they were very satisfied and 38.2% were satisfied with the amount of time spent with the doctor.**
   - **48.4% recipients reported that they were very satisfied and 34.7% were satisfied with the problems found and treated.**
   - **48.4% recipients reported that they were very satisfied and 36.6% were satisfied with how treatment was explained.**
   - **30.9% recipients reported that they were very satisfied and 45.2% were satisfied with the wait time at the office.**
   - **21.9% recipients reported that there are children in the home who have asthma. Of those, 12.4% reported that the child's asthma had gotten better since their LaCHIP coverage and 20.1% reported that the doctor/nurse had taught them about their child's asthma and how to take care of it at home.**
   - **94.1% recipients reported that since LaCHIP, the children are up to date on**

their immunizations.

- **47.3% recipients reported that since LaCHIP, the children have not missed any schools days due to sickness. 33.1% responded that the children had missed school days due to sickness.**
- **72.0% recipients reported that they were very satisfied and 21.4% were satisfied with the services the children are getting with LaCHIP.**

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

The Department's Quality Management and Evaluation Section is continuing to capture data with respect to well-baby care, well- child care, immunization, mental health, substance abuse counseling and treatment, and dental and vision care. The results for this reporting period are compared to the baseline established during the previous reporting period, national norms, and similar Medicaid populations such as CHAMP (poverty-related children).

During the period from 10/99 through 9/30/00, Louisiana collected data on access to care by LaCHIP enrollees in the age groups 6-14 and 15-18, and compared the results to CHAMP and ALL OTHER (Non Foster Care). Data was collected with reference to the following:

a) Mental Health Services Access,
b) Mental Health Facility Provider Counts,
c) Selected Primary Care Visits (Office or Other Outpatient Primary Care Visit),
d) Selected Primary Care Visits (Laboratory Services)
e) Selected Primary Care Visits (Technical and Professional Radiology Services),
f) Preventive Screening Visits (Dental Screen),
g) Preventive Screening Visits (Hearing Screen),
h) Preventive Screening Visits (Vision),
i) Preventive Screening Visits (Lead Screen),
j) Preventive Screening Visits (Anemia Screen),
k) Preventive Screening Visits (TB Screen),
l) Preventive Screening Visits (Pap Smear -Cervical Screen),
m) Preventive Screening Visits (Chlamydia Screen),
n) Preventive Screening Visits (Syphilis Screen), and
o) Preventive Screening Visits (Gonorrhea Screen).

Overall, Mental Health visit utilization was lower for LaCHIP children compared to CHAMP, but significantly lower than Medicaid ALL OTHER children even excluding foster children. From MEDSTAT's MarketScan database, the blended rate of outpatient hospital, outpatient mental health visits and physician office visits, the expected commercial rate is 62 visits/1000 for children under 18. Against this benchmark, the LaCHIP and CHAMP and

ALL OTHER Medicaid are higher with ALL OTHER being significantly higher. On examining the Mental Health Provider count, LaCHIP had the fewest mental health providers (102) submitting claims while CHAMP had 142 and ALL OTHER had 154 providers submitting claims. This is probably not due to actually fewer providers participating, but probably reflects lower demand for their services, either due to decreased need or decreased awareness by LaCHIP children. These findings are similar to last year's findings. Louisiana plans to continue to track utilization over time to see if utilization of these services increases over time and the major diagnoses driving utilization. Primary Care Visit rates for office/outpatient visits, laboratory service visits and radiology were greater for LaCHIP than for CHAMP and significantly greater than ALL OTHER Medicaid. This is significantly different from last year findings. In the area of select PCP visits office or outpatient primary provider, LaCHIP exceeded the other Medicaid by 393.26 and CHAMP by 590.54. Louisiana plans to further track these visits to determine whether these visits that are highly associated with preventive care, remain higher than the other two Medicaid comparison populations.

Vision Screening also demonstrated higher use rates by LaCHIP enrollees. However, Hearing was higher for ALL OTHER MEDICAID. This is also different than last year findings in that LaCHIP enrollees were lower for both Vision and Hearing.

Dental Screening rates were very low for all three groups, particularly for the 6-14. Age group. However, Dental Screening for LaCHIP was significantly higher than CHAMP or ALL OTHER MEDICAID. This varies significantly from the Healthy People 2000 goal of 90% of five year olds having at least one dental visit per year, but is consistent with findings in the HHS Inspector General's report that cited only 1 in 20 Medicaid eligible children received preventive dental services in 1993. This is also similar to last year's findings.

Lead screening rates were slightly lower for LaCHIP children than for CHAMP and ALL OTHER Medicaid children. However, TB was lower for CHAMP children. Anemia Screening was higher for OTHER MEDICAID than for CHAMP and LaCHIP. With the exception of Anemia, our findings were similar to last year findings.

Cervical screening rate was higher for ALL OTHER MEDICAID children than for LaCHIP. In last year report, LaCHIP was higher. Chlamydia and Gonorrhea were higher in the LaCHIP population. Syphilis was higher in the OTHER MEDICAID population. This is also different than last year's findings. Again, Louisiana plans to use this data as a baseline and track over time whether use rates will remain higher.

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?
   The "other quality indicators" as stipulated in the Louisiana Title XXI State Plan include measures pertaining to access. Data has been collected on these indicators for two consecutive periods. Louisiana plans to:
   (1) Collect data on these same indicators for the next reporting period to determine the trend or pattern; and
   (2) Once the pattern is established, determine if improvements are needed. If

improvements are needed, we will determine what improvement strategies are required. Louisiana plans to include the data in the Annual Report for FFY 2001.

The Department's Quality Management and Evaluation section is also in the process of completing a Quality Improvement Study in reference to Access to Care. The data required to complete the study, though requested, is not available at this time. However, it is anticipated that the data will be available in the next three months. Also, the Department's Quality Management and Evaluation Section mailed out a survey to LaCHIP providers. However, only 15 of the 177 surveys mailed out were returned. It is our plan to evaluate the cause of the low return rate and initiate strategies to improve the return rate. Provider survey results will be included in next year's report.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter NA for not applicable.

1. Eligibility: **Continued simplification and streamlining efforts by initiating July 1, 2000, the concept of self- declaration which relaxed verification requirements unless questionable in the areas of citizenship, age, household composition and residence. Also reduced income verification requirements from 60 days to 30 days.**

2. Outreach: **Covering Kids distributed 842,000 flyers promoting LaCHIP to every school child in Louisiana. These targeted, colorful flyers were sent home through the collaborative efforts of the Department of Education, local Child Nutrition Program Offices, and the Sate Medicaid Outreach Coordinator. Due to this substantial promotion, 16,190 additional children were enrolled in September and October. To judge the size of this response, LaCHIP hotline calls increased over 700% from July to August. In just six weeks 40% of the LaCHIP Phase II enrollment goal was met. Covering kids has been recognized nationally for developing and implementing this effective strategy. Also, the application has been completed in Spanish.**

3. Enrollment: **Target enrollment goals for Phases 1 and 2 have been reached (150% FPL)**

4. Retention/disenrollment: **N/A**

5. Benefit structure: **N/A**

6. Cost-sharing: **N/A**

7. Delivery systems: **N/A**

8. Coordination with other programs **N/A**

9. Crowd-out: **N/A**

10. Other: **N/A**

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds. Please see attachment A.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	**$29,862,839**	**$55,163,939**	**$83,313,451**
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs			
Administration Costs(Rental/Equip)	**$117,898**	**$211,198**	**$217,534**
Personnel	**$1,510,811**	**$2,185,191**	**$2,272,599**
(printing, postage, supplies)			
General administration	**$268,416**	**$325,028**	**$334,779**
Contractors/Brokers (e.g., enrollment contractors)	**$99,344**	**$146,418**	**$150,811**
Claims Processing			
Outreach/marketing costs	**$128,431**	**$178,431**	**$183,784**
Other			
Total Administration Costs	**$2,124,900**	**$3,046,266**	**$3,159,507**
10% Administrative Cost Ceiling	**$9,113,073**	**$12,469,521**	**TBD**
Federal Share (multiplied by enhanced FMAP rate)	**$25,340,687**	**$46,108,303**	**$68,495,230**
State Share			
TOTAL PROGRAM COSTS	**$31,987,739**	**$58,210,205**	**$86,472,958**

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000. N/A

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

__x__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
__x__ Other (specify) Tobacco Settlement Funds

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

NO

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program**
Program Name	LaCHIP	NA
Provides presumptive eligibility for children	___X___No _____Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No ___X__Yes, for whom and how long? 3 months	_____No _____Yes, for whom and how long?
Makes eligibility determination	___X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____
Average length of stay on program	Specify months ____N/A_	Specify months _____
Has joint application for Medicaid and SCHIP	_____No ___X___Yes	_____No _____Yes
Has a mail-in application	_____No ___X__Yes	_____No _____Yes
Can apply for program over phone	_____No ___X__Yes Can get info, can't apply as need signature.	_____No _____Yes
Can apply for program over internet	____X__No but can print application from internet. _____Yes	_____No _____Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Requires face-to-face interview during initial application	__X__No _____Yes	_____No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No ____X_Yes, specify number of months ___3____ What exemptions do you provide? Involuntary loss	_____No _____Yes, specify number of months _____ What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	_____No ___X__ Yes, specify number of months ___12_____ Explain circumstances when a child would lose eligibility during the time period. Moving out of state, enrolled in Title 19, reaching age 19.	_____No _____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	___X__No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____	_____No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____
Imposes copayments or coinsurance	____X_No _____Yes	_____No _____Yes
Provides preprinted redetermination process	___X___ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed Note: The State is currently looking into the feasibility of preprinted redetermination process.	_____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.
There is no difference in the redetermination and initial application process except that benefits are continued until benefits are terminated for cause.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	133% of FPL for children under age 6 100% of FPL for children aged 6 or over born on or after 10/1/83 _% of FPL for children aged _____
Medicaid SCHIP Expansion	150% of FPL for children aged < 19 yrs (Effective 11/1/99) ____% of FPL for children aged _____
State-Designed SCHIP Program	____% of FPL for children aged _____ ____% of FPL for children aged _____ ____% of FPL for children aged _____

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ? NA.?*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____
Yes __X__ No
If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$ 90 for each employed	$90 for each employed	$
Self-employment expenses	Expenses assoc. w/ the cost of providing the income	$ (same)	$
Alimony payments Received	$ N/A	$N/A	$
Paid (Actual payments up to court ordered amount) ⇒	$	$Same	$
Child support payments Received	$50	$50	$
Paid (Actual payments up to court ordered amount) ⇒	$	$Same	$
Child care expenses ⇒	$200 chd< 2yrs $175 chd=2+yrs	$Same	$
Medical care expenses	$N/A	$N/A	$
Gifts	$N/A	$N/a	$
Other types of disregards/deductions (specify)	$N/A	$N/A	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups __X__ No ____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program __X__ No ____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program ____No ____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____ ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000?
_X__ Yes ___ No
Income eligibility limits have been increased to 200% FPL effective 1/1/01.

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage **Legislation will be introduced this session regarding this issue.**

2. Employer sponsored insurance buy-in N/A

3. 1115 waiver: **To cover parents up to 100% FPL and pregnant women from 185-200% FPL**

4. Eligibility including presumptive and continuous eligibility **Increased eligibility to 200% federal poverty effective January 1, 2001 for children under 19 years of age.**

5. Outreach **Increased focus on immigrants, minorities, and rural populations.**

6. Enrollment/redetermination process: **Preprinted redetermination forms. Changes in income deductions (actual child care costs, $75 general income disregarded, $120 earned income standard deduction) as a result of change in Section 1931 State Plan Amendments.**

7. Contracting N/A

8. Other N/A